

Schools for All Children

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LOS ANGELES UNIFIED SCHOOL DISTRICT

Michelle King, *Superintendent*
Beth Kauffman, *Associate Superintendent*
Division of Special Education

The Los Angeles Unified School District's Position Paper Audiology

The Audiology program provides services for students with a hearing loss that negatively impacts communication skills and/or access to the core curriculum.

LOW INCIDENCE DISABILITY

A hearing loss is a low incidence disability.

California Education Code Section 56026.5 defines a low incidence disability as "...a severe disabling condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade 12. For purposes of this definition, severe disabling conditions are hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof." Additionally, Section 56000.5(a)(2) finds and declares that, "pupils with low-incidence disabilities require highly specialized services, equipment, and materials."

BACKGROUND

Hearing status and auditory function can have a significant impact on the development of spoken language, cognition and communication, skills which, in turn, impacts the student's academic progress and outcomes. The California Department of Education (2013) states "...being Deaf or Hard of Hearing (DHH) does not cause language delay; it is language deprivation, caused by the inability to access language that causes language delay. Language and cognition are closely related; thus, language deprivation may lead to both language and cognitive delays." Hearing loss makes it more difficult to communicate with other people via audition and oral speech.

The Audiology program specifically addresses hearing loss which adversely affects the communication skills and the educational performance of children from birth to 22 years of age. The Individuals with Disabilities Education Act (IDEA) states that related services encompass "such developmental, corrective and other supportive services as may be required to assist a child with a disability to benefit from special education...including audiology service." Educational audiology services are comprehensive, collaborative, and designed to address the student's individual communication, academic, and psychosocial needs. Recommendations for the nature, type, or location of service delivery are "based on the need to provide a free appropriate public education (FAPE) for each student in the least restrictive environment (LRE) and are consistent with the student's individual needs."

The IDEA defines the practice of Audiology in educational settings as follows:

- Identification of children with hearing loss;
- Determination of the range, nature, and degree of hearing loss;
- Referral for medical or other professional attention for the habilitation of hearing;
- Provision of habilitation activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- Creation and administration of programs for prevention of hearing loss;
- Counseling and guidance of children, parents, and teachers regarding hearing loss;
- Determination of children's needs for group and individual amplification;
- Selection and fitting of an appropriate aid;
- Evaluation of the effectiveness of amplification;
- Ensure the proper functioning of hearing aids and external components of cochlear implants.

PURPOSE

The purpose of this document is to identify program guidelines that clarify the array of Audiology services provided to students within LAUSD. Service delivery models for infants and toddlers, and students in special education and in general education from ages 3 to 22, will be described and aligned with the three-tiered model of prevention and intervention.

POSITION

The District believes that in an effort to ensure a successful school experience for all children that:

1. Students will be able to access their educational environment with or without appropriate accommodations.
2. Students will be able to participate to the maximum extent possible within their educational program.
3. Students will be empowered to take an active role to participate in their educational program and to attain the skills to be able to successfully participate in community and postsecondary education.
4. All students eligible for special education services are provided with supports and strategies for successful attainment of goals and objectives.
5. Students with disabilities will develop functional/academic skills and participate in meaningful daily school activities.
6. Students receiving special education services have the opportunity to participate with their non-disabled peers to the maximum extent appropriate.

SECTION I RESPONSE TO INSTRUCTION AND INTERVENTION (RtI²)

Response to Instruction and Intervention (RtI²) is a systemic multi-tiered framework, used by LAUSD, that guides the development of a well-integrated and seamless system of instruction (e.g. literacy, numeracy, language development, and positive behavior support across content areas) and intervention that is matched to student need and directed by student outcome data from multiple measures. (BUL- 4827.1 Multi-Tiered Framework for Instruction, Intervention, and Support)

The RtI² framework establishes a process for providing increasing levels of instructional time and intensity whereby the needs of all learners are identified, supported early and effectively,

and high performing students have access to acceleration in learning. The RtI² framework is based on the provision of good, quality, first instruction and the use of data to identify students for appropriate acceleration and interventions. RtI² implementation is everyone's responsibility and advances achievement through frequent progress monitoring, ongoing data collection and analysis, as well as the provision of immediate evidence-based intervention for students who need it.

The five essential components of RtI²:

- Multi-tiered framework to instruction and intervention
- Problem-solving process
- Data based decision-making
- Academic engaged time
- Professional development

In a multi-tiered approach to instruction and intervention, teachers provide instruction at each tier of service that is differentiated, culturally responsive, data based, and aligned to the Common Core Standards. All students should have universal access to high-quality instruction. The educational audiologist is a part of the RtI² process in the general education setting. By participating in this intervention approach, the educational audiologist contributes expertise to the problem-solving process and provides strategies for any student who may evidence challenges in the areas of listening and communication. The problem-solving process requires a step-by-step focus to define the problem, analyze the problem, implement intervention strategies, and evaluate the response to the instruction and intervention.

Tier 3: Intensive Instruction and Intervention

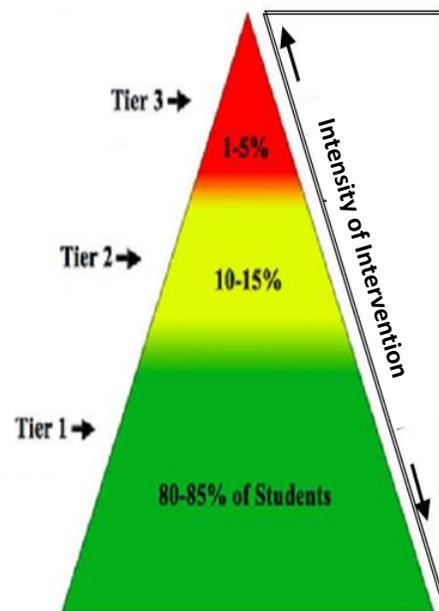
“Intensive Intervention,” is for an estimated 1-5% of students that need individualized and/or very small-group instruction that is highly focused, in addition to Tiers 1 & 2, and designed to accelerate student progress.

Tier 2: Strategic or Supplemental Instruction

It is expected that 10-15% of students will need additional time and type of instruction to learn successfully.

Tier 1: Core Instruction

It is expected that of all of the students receiving core instruction, 80-85% of students will be proficient when good first instruction is delivered.



A Problem Solving Cycle in General Education

Identification

Educational audiologists may be called upon to assist in the identification of listening and communication access issues students may be experiencing.

Problem Analysis

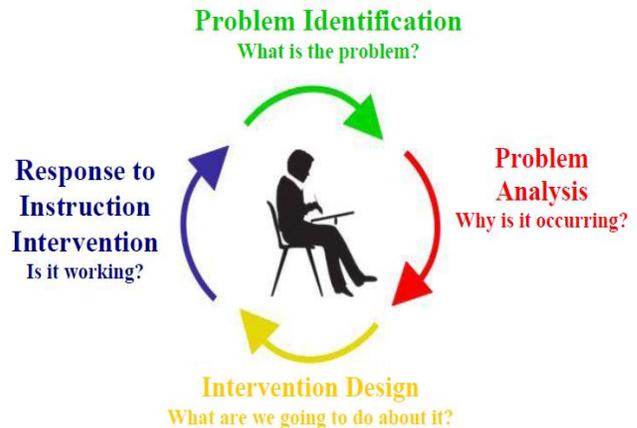
Educational audiologists are highly-trained experts in the identification of listening and communication deficits and/or access issues students may be experiencing.

Intervention Design

Educational audiologists will assist the educational team in identifying strategies and accommodations for students with suspected hearing loss.

Response to Instruction and Intervention

Educational audiologists will assist the educational team with progress monitoring and ongoing data collection and evaluation to determine the success or failure of the intervention. Results are utilized to determine the level and intensity of support necessary for individual students.



Intervention Strategies

Students with a diagnosed hearing loss may require more or less intervention depending on the degree and configuration of the hearing loss, any co-morbid disabilities, the age/grade level, the cognitive status, and the communication mode (auditory or visual) chosen by their parents. Educational audiologists work in close conjunction with the Deaf/Hard of Hearing (DHH) teachers.

Tier 1: Core Instruction

Audiologists and DHH teachers provide Tier I consultation to nursing and teaching staff as requested. For more information, please see the DHH Position Paper.

Tier 2: Strategic or Supplemental Instruction and Intervention

If the student's teacher or parent suspects a possible hearing/listening issue, the school nurse will arrange for an Audiometric screening through the Nursing/Audiometry Department (not Audiology), or will consult with the parents to obtain a copy of any private audiological evaluations that may have already been completed. Depending on the results of the screening, the nurse will refer the student for further testing/follow-up through Audiology. All private audiograms received by the nurse are sent to Audiology for review to determine if further testing/follow-up is needed.

Tier 3: Intensive Individualized Interventions and Supports

Students are referred to the Audiology Program for audiological evaluations in the following ways:

- Infants and toddlers are referred to the LAUSD Audiologic Resource Unit (ARU) by the California Hearing Coordination Center, by private clinics or by the parents

following their newborn failing the hearing screening tests administered by the birthing hospital before discharge.

- Various pre-school programs/teams conduct hearing screenings as part of the intake and/or IEP process. Children who either fail the screening or cannot perform a hearing screening test reliably are referred to the ARU for a pediatric diagnostic audiologic evaluation.
- Students with normal hearing screenings, who receive special education services, may be referred by their IEP team to the ARU for possible diagnostic evaluation.

The ARU conducts follow-up/diagnostic audiologic evaluations for students who fail or are unable to complete hearing screening tests (no-valid screening results), or for children whose hearing status is of concern to parents and/or educational staff. Screenings are not to be confused with diagnostic audiologic evaluations and do not determine special education eligibility or placement.

SECTION II REFERRAL AND ASSESSMENT

The mission of the Division of Special Education is to provide leadership, guidance, and support to the school community in order to maximize learning for all students within an inclusive environment so that each student will contribute to and benefit from our diverse society."

Once a referral is received by the Audiology Program, the educational audiologist will review the child/student's records and the parents will be contacted to discuss their concerns and set an appointment at the ARU as appropriate. Audiological evaluations include, but are not limited to: case history provided through an interview with the parent/guardian; testing to evaluate the hearing sensitivity, speech discrimination abilities, middle ear status, and cochlear hair cell status. Testing needs and the order in which they will be administered is decided by the audiologist. Tests may include, but are not limited to: otoscopy, air conduction, bone conduction, speech awareness, speech reception, speech discrimination in quiet and in noisy conditions, tympanograms, acoustic reflexes, otoacoustic emissions, retrocochlear tests, and hearing aid/cochlear implant functional tests.

Diagnostic audiological evaluations are conducted at one of the ARUs located throughout LAUSD. These facilities are staffed by multiple educational audiologists and support staff. Appointments are scheduled at the parent's convenience. The parent/guardian must accompany the child to the ARU for the testing. Parent/guardian will be required to sign a *Consent for Audiological Evaluation* form and a medical release form, allowing the testing results to be shared with the child's private medical/hearing care providers and school personnel.

The results of the audiological evaluation are reviewed with the parent/guardian and, if necessary, further medical, hearing care and educational referrals are determined. A copy of the report will be sent to the referring entity, the school/pre-school nurse, and will be included in the student's records.

If the student has had a recent audiological evaluation by a private audiologist in the community or medical setting, the parent may wish to have the District audiologist consider the

results. The parent can contact the agency completing the exam and have the results sent to the ARU. The results are then reviewed, interpreted, and reported on by the educational audiologists and recommendations are made depending on the results.

The identification of a child's hearing loss can have a profound impact on the child's communication and education. Confirmation of a hearing loss can be devastating news to the child's parents/guardians, and/or family members. Some hearing loss is temporary and requires medical attention. Some hearing loss is permanent and requires both a medical evaluation and ongoing private audiological follow-ups to determine and address the child's medical, hearing, and/or technology needs. Counseling for parents/guardians and/or family members is an ongoing process and can require multiple support contacts.

A child's hearing technology (hearing aid, cochlear implant, and bone conduction aid) requires extensive programming, fitting, maintenance, and periodic adjustments. It is necessary for the family to have an ongoing relationship with the child's dispensing audiologist (community/private practice). The educational audiologist is part of a team of professionals that can assist the child with his/her personal hearing technology but cannot provide ongoing maintenance and adjustments on their personal amplification equipment. The educational audiologist acts as a facilitator between the child's private audiologist and the educational system.

With either temporary or permanent hearing loss, it is important for the parent/guardian to understand the:

- Type and degree of hearing loss
- Child's medical needs
- Amplification, technology and audiologic follow-up needs
- Communication implications of hearing loss for the child and the family
- Communication method options for the child and the family
- Educational implications of hearing loss for the child
- Special education supports/services available and how to access them
- Community resources and amplification/technology insurance programs available
- Necessary next steps to get a medical evaluation, amplification/technology
- Ongoing community audiological support

Students with hearing loss must have their medical and hearing technology needs supported by their family otologist and audiologist. The family can be referred to community services for ongoing support. An educational audiologist can make the appropriate referral for medical services and for ongoing audiologic support for a child. They can also refer families for coverage of hearing aids, and ongoing audiologic and otologic support to CCS as appropriate. With authorization from the parent/guardian, they can communicate with multiple private providers, insurance companies, California Children's Services (CCS), MDs/ENTs (ear-nose-throat specialist physician), private dispensing audiologists and cochlear implant centers to facilitate the process of getting personal amplification (hearing aids/cochlear implants/hearing technology) for the child to use daily. In addition, the educational audiologist can make medical/otologic referrals and referrals for private audiological supports (for personal hearing aid procurement) for children/students diagnosed with hearing loss if this has not already been done.

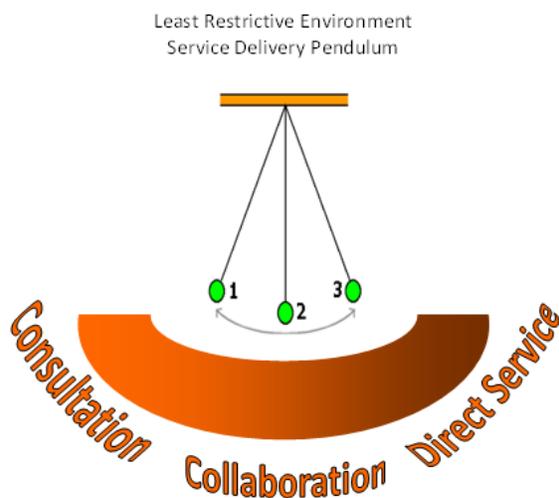
The educational audiologist's role is to diagnose or confirm a diagnosis of a hearing loss and to determine if the degree of loss qualifies the student for special education services under the eligibility of Hard of Hearing (HOH) or Deaf (DEA). If the child/student's hearing loss is not impacting access to their curriculum, the educational audiologist may refer the student for a Student Support and Progress Team (SSPT) or a Section 504 Plan (Rehabilitation Act 1973).

Referral for Special Education

If the student does not currently receive special education services and has a hearing loss that qualifies him/her for the HOH or the DEA eligibility, the educational audiologist will refer the student for a comprehensive special education assessment. If the student is currently receiving special education services, the educational audiologist will refer the student for an assessment to determine if the student would also benefit from DHH services.

SECTION III AUDIOLOGY INTERVENTION STRATEGIES WITHIN SPECIAL EDUCATION

The District supports a variety of strategies for the delivery of Audiology services. Services may fall into any of the following three categories and, like a pendulum, service delivery may swing between being more intense and less intense depending on the level of support required to meet the student's core academic program needs:



- **Consultation** is a service provided indirectly to the student and may consist of regular review of student progress, student observation, accommodations and adaptations to core material, and developing and modeling of instructional practices through communication between the general education teacher, the special education teacher, parent, and/or related service provider.
- **Collaboration** is a service by which general education teachers, special education teachers, and/or related service providers work together in the classroom and school community to teach and support students with hearing loss to meet their goals and objectives

and to access the curriculum and participate in all educational activities.

- **Direct (Collaboration)** is a service by which general education teachers, special education teachers, and/or related service providers work together to teach and support students with and without disabilities in the classroom. All are responsible for direct instruction, planning and delivery of instruction, student achievement, progress monitoring, and discipline to support student goals and objectives and to access the curriculum and participate in all educational activities.
- **Direct (Single Special Education Provider)** is instruction or service by a single special education provider designed to teach, support, strengthen, and bridge student skills. It is an opportunity to provide specific skill instruction, re-teach, pre-teach, and scaffold instruction to support student goals and objectives and to access the curriculum and participate in all educational activities.

All providers are expected to report progress of the students with disabilities on their caseload toward meeting their IEP goals and objectives. Providers should coordinate with the school site to ensure they are following the school site procedures for reporting.

SECTION IV SERVICE COMPLETION AUDIOLOGY SERVICES

Best practices require that expected outcomes and service completion criteria are discussed with the IEP team upon the initiation of Audiology services and upon change in services. There are several factors the IEP teams should consider when making decisions regarding audiology service completion:

1. The student learns to handle his/her hearing technology well, understands his/her personal hearing loss and becomes a good self-advocate.
2. The student no longer requires Audiology services in order to benefit from his educational program.
3. Audiology service is medically advised against because of a change in the student's medical or physical status.
4. The student or parent/guardian refuses Audiology service.
5. The student graduates from high school.
6. The student reaches the age of 22 years.

RELATED RESOURCES

American Academy of Audiology “Academy Report on Certification and Licensure” (2013)

American Speech-Language-Hearing Association (ASHA) “Roles and Responsibilities of the Audiologist in Schools” (2010)

BUL-4827.1: “Multi-Tiered Framework for Instruction, Intervention, and Support,” September 1, 2009

California Business and Professions Code Sections 2530-2530.6

California Department of Education “Position Statement on Access to Language for Students who are Deaf or Hard of Hearing” (2013)

California Education Code Sections 56026.5 and 56000.5(a) (2)

Educational Audiology Association (EAA) “Recommended Professional Practices for Educational Audiologists” and “School Based Audiology Services” (2009)

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=bpc&group=02001-03000&file=2532-2532.8> (Section 2532.25)

http://www.speechandhearing.ca.gov/licensees/ce_req.shtml

<http://idea.ed.gov>

Individuals with Disabilities Education Improvement Act (IDEA) (2007)